

**Introduced by Senator Aanestad**

February 18, 2005

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An act to add Article 7.6 (commencing with Section 4128) to Chapter 9 of Division 2 of the Business and Professions Code, relating to pharmacy technicians.

LEGISLATIVE COUNSEL'S DIGEST

SB 592, as amended, Aanestad. Acute care hospitals: inpatient pharmacy technician services.

Existing law, the Pharmacy Law, provides for the regulation of the practice of pharmacy by the California State Board of Pharmacy, in the Department of Consumer Affairs. Existing law authorizes a registered pharmacy technician to assist in the performance of pharmacy related duties under the supervision of a licensed pharmacist. A violation of the Pharmacy Law is a crime.

This bill would authorize a general acute care hospital to implement a program utilizing specially trained pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for certain patients, if specified requirements are met. *The bill would require a hospital that operates this program to keep a list of all qualified pharmacy technicians available for board inspection and to keep all required data in the hospital for at least 3 years.*

Because a failure to meet the training *and other* requirements in this bill would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     *SECTION 1. The Legislature finds and declares all of the*  
2     *following:*

3     *(a) Pharmacists have emerged as critical members of a*  
4     *medical team by providing services such as patient education,*  
5     *drug therapy monitoring, and pharmacokinetic consultations.*  
6     *Pharmacists often work side by side with physicians and nurses,*  
7     *and participate in medical rounds. Pharmacists play an integral*  
8     *role in ensuring a safe medication use process. Through*  
9     *interpretation, evaluation, and clarification of orders,*  
10    *pharmacists ensure the absence of drug allergies, interactions,*  
11    *duplications, and the optimal selection of dose, dosage form,*  
12    *frequency, route, and duration of therapy.*

13    *(b) There currently exists a shortage of pharmacists in the*  
14    *state, and this shortage has the potential to cause harm to*  
15    *patients because hospitals lack sufficient staffing to fully take*  
16    *advantage of clinical pharmacy programs that have been shown*  
17    *to reduce the number of medication errors in hospitals and*  
18    *improve patient outcomes.*

19    *(c) Studies authorized by the California State Board of*  
20    *Pharmacy, and conducted under the direction of the University*  
21    *of California, San Francisco, at major California hospitals, have*  
22    *established that certain nondiscretionary functions currently*  
23    *performed by pharmacists in the hospital setting can safely be*  
24    *performed by properly trained pharmacy technicians.*  
25    *Specifically, allowing properly trained pharmacy technicians to*  
26    *check certain tasks performed by other pharmacy technicians is*  
27    *a safe and efficient use of staff, and frees pharmacists to provide*  
28    *the more important and skilled clinical pharmacy services that*  
29    *are critical to quality patient care and the reduction of*  
30    *medication errors.*

(d) Pharmacists are substantially over-qualified for performing these nondiscretionary inpatient checking functions, and current rules that require pharmacists to perform these functions unnecessarily limit hospitals in their capacity to fully provide patients with clinical pharmacy services.

(e) It is the intent of the Legislature in enacting this act that pharmacists remain responsible for pharmacy operations. Nothing in these provisions should be interpreted to eliminate or minimize the role of pharmacists in directly supervising pharmacy technicians and pharmacy operations. It is the further intent of the Legislature that hospitals take advantage of the efficiencies created by these provisions by using properly trained pharmacy technicians for certain nondiscretionary checking functions and more completely utilize the training and skills of their pharmacist staff to implement and expand clinical pharmacy programs at their facilities.

#### SECTION 1.

SEC. 2. Article 7.6 (commencing with Section 4128) is added to Chapter 9 of Division 2 of the Business and Professions Code, to read:

#### Article 7.6. Inpatient Pharmacy Technician Services

~~4128. Notwithstanding any other provision of this chapter or any other provision of law, a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, may implement and operate a program utilizing specially trained pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed by a licensed pharmacist. A hospital implementing and operating a program pursuant to this section shall meet all of the following requirements:~~

~~(a) The hospital shall conduct a special training program for technicians who perform the checking function that provides the technicians with the same training that a pharmacist would be provided with under paragraph (1) of subdivision (b) of Section 4052.~~

~~(b) The hospital shall conduct a continuous quality improvement program.~~

~~(c) The hospital shall establish and maintain a program utilizing pharmacists to provide clinical services, as described in Section 4052.~~

~~(d) The hospital shall have a current, nonprovisional, nonconditional accreditation from the Joint Commission on the Accreditation of Healthcare Organizations or another nationally recognized accrediting organization.~~

4128. (a) Notwithstanding any other provision of law, a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, may implement and operate a program utilizing specially trained pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed by a licensed pharmacist. The hospital may implement and operate this type of a program if all of the following requirements are met:

(1) The hospital conducts a special training program for technicians who perform the checking function that satisfies the requirements of subdivision (b).

(2) The hospital conducts a continuous quality improvement program that, at a minimum, audits the performance of the specially trained pharmacy technicians at least every three months for the first year, and annually thereafter. A pharmacy technician whose audited accuracy rate falls below 99.8 percent shall not be permitted to check the work of other pharmacy technicians until he or she is requalified pursuant to paragraph (1).

(3) The hospital has a current nonprovisional, nonconditional accreditation from the Joint Commission on the Accreditation of Healthcare Organizations or another nationally recognized accrediting organization.

(4) The hospital pharmacy has been inspected by the board.

(5) The hospital establishes and maintains a program utilizing pharmacists to provide clinical services as described in Section 4052.

(b) The training program required by paragraph (1) of subdivision (a) shall include both didactic and practical

1 *elements, and shall specify requirements to be completed prior to*  
2 *the technician commencing participation in the checking*  
3 *program.*

4 *(1) The didactic component of the training shall consist of at*  
5 *least four hours of education covering the following topics:*

6 *(A) Information required to be on the label of unit dose or*  
7 *extemporaneous packaging.*

8 *(B) Identification of expired or contaminated medications.*

9 *(C) The product characteristics that need to be checked for*  
10 *each drug dispensed from the pharmacy.*

11 *(D) Special packaging or handling requirements, including*  
12 *refrigeration for certain medications.*

13 *(E) Generic names for common name-brand medications.*

14 *(F) Recognition and identification of various dosage forms.*

15 *(G) Common medical abbreviations and symbols used in*  
16 *pharmacy.*

17 *(H) Basic mathematical principles used in pharmacy*  
18 *calculations, including conversions between and within metric,*  
19 *avoirdupois, and apothecary systems.*

20 *(2) The practical component of the training shall consist of at*  
21 *least two hours of supervised practice in which the trainee both*  
22 *observes proper checking procedures and performs proper*  
23 *checking procedures under the direct observation of the*  
24 *supervisor.*

25 *(c) The board may, by regulation, establish other rules for*  
26 *hospitals utilizing specially trained pharmacy technicians*  
27 *pursuant to this section.*

28 *(d) The board may order a hospital to cease activities*  
29 *authorized by this section at any time a hospital fails to satisfy*  
30 *the board that it is capable of continuing to meet the*  
31 *requirements of this section.*

32 *(e) Data and records required by this section shall be retained*  
33 *in each participating hospital for at least three years.*

34 *(f) Medication that has been placed in floor or ward stock or*  
35 *unit dose distribution systems pursuant to this section shall not*  
36 *be administered to a patient except by a licensed health care*  
37 *provider practicing within the scope of his or her license.*

38 *(g) Legal responsibility or liability for errors or omissions that*  
39 *occur as a result of a pharmacy technician checking another*  
40 *pharmacy technician's work pursuant to this section shall be*

1 *limited to the holder of the pharmacy permit and the pharmacist*  
2 *in charge.*

3 *4128.1. (a) Every hospital utilizing pharmacy technicians to*  
4 *check the work of other pharmacy technicians pursuant to*  
5 *Section 4128 shall maintain for inspection by the board a current*  
6 *list of all pharmacy technicians that have been qualified to*  
7 *perform checking functions.*

8 *(b) A pharmacy technician is not eligible to be qualified*  
9 *pursuant to this article unless he or she:*

10 *(1) Is currently certified by the Pharmacy Technician*  
11 *Certification Board.*

12 *(2) Is currently registered with the board as a pharmacy*  
13 *technician pursuant to Section 4202.*

14 ~~SEC. 2.~~

15 *SEC. 3.* No reimbursement is required by this act pursuant to  
16 Section 6 of Article XIII B of the California Constitution because  
17 the only costs that may be incurred by a local agency or school  
18 district will be incurred because this act creates a new crime or  
19 infraction, eliminates a crime or infraction, or changes the  
20 penalty for a crime or infraction, within the meaning of Section  
21 17556 of the Government Code, or changes the definition of a  
22 crime within the meaning of Section 6 of Article XIII B of the  
23 California Constitution.